

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2

FILED
May 19, 2004 8:00 am
Secretary of State

04-27-2004 90020 005 ****50.00

DOCUMENT # L03000036925

1. Entity Name
THE ORTHOPAEDIC INSTITUTE, LLC



Principal Place of Business
**1035 NW 57TH STREET
GAINESVILLE, FL 32605**

Mailing Address
**1035 NW 57TH STREET
GAINESVILLE, FL 32605**

34006703



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04232004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, FRED F JR, ESQ
101 EAST COLLEGE AVENUE
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR ANDERSON, MICHAEL A
1035 NW 57TH STREET
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Michael A. Anderson* **MICHAEL A. ANDERSON, CFO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/04

Date

352-337-6465 EXT. 25

Daytime Phone #